

**WELCOME TO THE
IIId ACA DINING FACILITY**

Enter any suggestions and recommendations on the space provided (i.e. items offered, hours, etc.)

How is the quality and quantity of food?

What meal did you consume?

☐ Breakfast
☐ Lunch
☐ Lunch Short Order
☐ Dinner
☐ Dinner Short Order

How is the service on the serving line?

How do you rate the quality and service?

1 2 3 4 5 6 7 8 9 10

You are not required to give your name, however if you would like a response back, please give your name and unit.

*Thank you for giving your comments and
please come again.*

FS Form 46
IIId ACA 1 APR 96

HOW ARE WE DOING?

CIRCLE YOUR ANSWER OR FILL IN THE BLANK.
THANK YOU

FOOD

VARIETY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
APPEARANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
QUALITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PORTION SIZE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
REPLENISHMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

STAFF PERSONNEL

APPEARANCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COURTEOUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPERATION

HOURS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SERVICE SPEED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CLEANLINESS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SEATING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TABLEWARE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OVERALL DINING EXPERIENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MANY MEALS A WEEK DO YOU EAT HERE? _____

**SUGGESTIONS FOR IMPROVEMENTS
WRITE ON THE BACK**

